

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	4/2/01
FORMALITY REVIEW	ER	706	5-23-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	1091	9-17-01

INDEX OF CLAIMS

- ✓

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Rejected
- =

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Allowed
- (Through numeral)...

Canceled
- ÷

.....

Restricted
- N

.....

Non-elected
- I

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Interference
- A

.....

Appeal
- O

.....

Objected

Claim		Date			
Final	Original				
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50				

Claim		Date			
Final	Original				
51	52	53	54	55	56
57	58	59	60	61	62
63	64	65	66	67	68
69	70	71	72	73	74
75	76	77	78	79	80
81	82	83	84	85	86
87	88	89	90	91	92
93	94	95	96	97	98
99	100				

Claim		Date			
Final	Original				
101	102	103	104	105	106
107	108	109	110	111	112
113	114	115	116	117	118
119	120	121	122	123	124
125	126	127	128	129	130
131	132	133	134	135	136
137	138	139	140	141	142
143	144	145	146	147	148
149	150				

If more than 150 claims or 10 actions  
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